

~~CONFIDENTIAL~~ COPY

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE*
(Other Instructions on reverse side)

Copy to St
Form approved.
Budget Bureau No. 42-R1424.

SUNDRY NOTICES AND REPORTS ON WELLS <small>(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir. Use "APPLICATION FOR PERMIT—" for such proposals.)</small>		5. LEASE DESIGNATION AND SERIAL NO. NM 15872
RECEIVED		6. IF INDIAN, ALLOTTEE OR TRIBE NAME 7. UNIT AGREEMENT NAME Butler Springs Unit
1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/> 2. NAME OF OPERATOR MARALO, INC.		8. FARM OR LEASE NAME Butler Springs Unit
3. ADDRESS OF OPERATOR P.O. Box 832 Midland, Texas		9. WELL NO. 2
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1980' FNL & 660 FWL Sec. 12,		10. FIELD AND POOL, OR WILDCAT Wildcat
14. PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3681 Gr.		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 12, T15S, R28E
		12. COUNTY OR PARISH 13. STATE Chaves N.Mex.

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <u>Grayburg Recompletion</u> <input checked="" type="checkbox"/>	

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

Well shut in for lack of market for high nitrogen content gas (91.60 Mol % N₂ w/ avg. BTU of 87.32)

BTU required to extract nitrogen is greater than the BTU available from gas.

Because of this condition we do not plan to incur the expense of conducting an absolute open flow test.

The well will continue to be a shut in gas well because of a lack of market.

RECEIVED
AUG 29 1977
U.S. GEOLOGICAL SURVEY
ARTESIA, NEW MEXICO

18. I hereby certify that the foregoing is true and correct

SIGNED Jack Loman TITLE Manager-Engineer DATE 8-24-77

(This space for Federal or State office use)

APPROVED BY Joe Loman TITLE ACTING DISTRICT ENGINEER DATE AUG 29 1977

CONDITIONS OF APPROVAL, IF ANY: